

**Notice:** Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

**1. Well Location Information**      **2. Facility / Owner Information**

County <b>Sheboygan</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>VPI Corporation</b>			
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>440041560</b>			
1/4 NE 1/4 SW or Gov't Lot #		Section <b>35</b>		Township <b>15 N</b>		Range <b>23</b>		License/Permit/Monitoring # <b>MW-1</b>	
Well Street Address <b>3123 S. 9th street</b>		Well ZIP Code <b>53082</b>		Original Well Owner <b>VPI Corp.</b>					
Well City, Village or Town <b>Sheboygan</b>		Subdivision Name		Lot #		Present Well Owner <b>VPI Corp.</b>			
Reason for Removal from Service <b>Sampling Complete</b>		WI Unique Well # of Replacement Well		Mailing Address of Present Owner <b>3123 S. 9th street</b>					
City of Present Owner <b>Sheboygan</b>		State <b>WI</b>		ZIP Code <b>53082</b>					

**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>01/08/2020</b>		<input type="checkbox"/> Pump and piping removed?      Yes No <input checked="" type="checkbox"/> N/A					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Liner(s) removed?      Yes No <input checked="" type="checkbox"/> N/A					
<input type="checkbox"/> Borehole / Drillhole		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Salt Poles</b>		<input type="checkbox"/> Liner(s) perforated?      Yes No <input checked="" type="checkbox"/> N/A					
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was well annular space grouted?      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Screen removed?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Total Well Depth From Ground Surface (ft.) <b>20</b>		Casing Diameter (in.) <b>2</b>		<input type="checkbox"/> Casing left in place?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Lower Drillhole Diameter (in.) <b>2.8</b>		Casing Depth (ft.) <b>20</b>		<input type="checkbox"/> Was casing cut off below surface?      Yes No <input checked="" type="checkbox"/> N/A					
If yes, to what depth (feet)?		Depth to Water (feet) <b>3</b>		<input checked="" type="checkbox"/> Did sealing material rise to surface?      Yes No <input type="checkbox"/> N/A					
5. Material Used to Fill Well / Drillhole <b>Bentonite</b>		From (ft.) Surface		To (ft.) <b>20</b>		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	

**6. Comments**

\_\_\_\_\_

**7. Supervision of Work**      **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/09/2022</b>		Date Received		Noted By	
Street or Route <b>6635 N. Sidney Place</b>		Telephone Number <b>(414) 228-9215</b>		Comments					
City <b>Milwaukee</b>		State <b>WI</b>		ZIP Code <b>53209</b>		Signature of Person Doing Work <i>Justin J. Ott</i>		Date Signed <b>6/10/22</b>	

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

**1. Well Location Information**      **2. Facility / Owner Information**

County <b>Sheboygan</b>		WI Unique Well # of Removed Well	Hicap #	Facility Name <b>VPI Corporation</b>	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>460041560</b>	
1/4 / 1/4 <b>NE SW</b> or Gov't Lot #	Section <b>35</b>	Township <b>15 N</b>	Range <b>23</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <b>P-13/MW-2</b>
Well Street Address <b>3123 S. 9th Street</b>			Original Well Owner <b>VPI Corp.</b>		
Well City, Village or Town <b>Sheboygan</b>			Present Well Owner <b>VPI Corp.</b>		
Subdivision Name			Well ZIP Code <b>53082</b>		Mailing Address of Present Owner <b>3123 S. 9th Street</b>
Reason for Removal from Service <b>Sampling Complete</b>			City of Present Owner <b>Sheboygan</b>		State <b>WI</b>
WI Unique Well # of Replacement Well			Lot #		ZIP Code <b>53082</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>03/30/2020</b>	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Construction Type:		Sealing Materials	
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
Other (specify): <b>Soil Probe</b>		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Formation Type:		Total Well Depth From Ground Surface (ft.) <b>13</b> Casing Diameter (in.) <b>1</b> Lower Drillhole Diameter (in.) <b>2</b> Casing Depth (ft.) <b>13</b>	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? _____      Depth to Water (feet) <b>6</b>	

**5. Material Used to Fill Well / Drillhole**

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>Bentonite</b>	Surface	<b>13</b>		

**6. Comments**

**7. Supervision of Work**      **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>04/02/2020</b>	Date Received	Noted By
Street or Route <b>6635 N. Sidney Place</b>		Telephone Number <b>(414) 828-9215</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <i>Justin J. Ott</i>	Date Signed <b>4/2/20</b>

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Route to DNR Bureau:

Verification Only of Fill and Seal

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

**1. Well Location Information**      **2. Facility / Owner Information**

County <b>Sheboygan</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>VPI Corporation</b>
Latitude / Longitude (see instructions)	Format Code <input type="checkbox"/> DD <input type="checkbox"/> GPS008 <input type="checkbox"/> DDM <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Method Code	Facility ID (FID or PWS) <b>460041560</b>
			License/Permit/Monitoring # <b>P-14/MW-3</b>
			Original Well Owner <b>VPI Corp.</b>
			Present Well Owner <b>VPI Corp.</b>
			Mailing Address of Present Owner <b>3123 S. 9th Street</b>
			City of Present Owner <b>Sheboygan</b>
			State <b>WI</b>
			ZIP Code <b>53082</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason for Removal from Service <b>Sampling Complete</b>	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>03/30/2020</b>	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>13</b>	Casing Diameter (in.) <b>1</b>	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.) <b>13</b>	Required Method of Placing Sealing Material
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)?	Depth to Water (feet) <b>6</b>	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<b>13</b>		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>10/27/20</b>	Date Received	Noted By	
Street or Route <b>6635 N. Sidney Place</b>	Telephone Number <b>(414) 928-9215</b>	Comments			
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <i>Matthew J. Ott</i>		Date Signed <b>10/27/20</b>

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

**1. Well Location Information      2. Facility / Owner Information**

County: Sheboygan      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_  
 Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002       OTH001  
 1/4 NE      1/4 SW      Section: 35      Township: 15 N      Range: 23       E       W  
 or Gov't Lot #  
 Well Street Address: 3123 S. 9th street  
 Well City, Village or Town: Sheboygan      Well ZIP Code: 53082  
 Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_

Facility Name: VPI Corporation  
 Facility ID (FID or PWS): 460041560  
 License/Permit/Monitoring #: P-15/MW-4  
 Original Well Owner: VPI Corp.  
 Present Well Owner: VPI Corp.  
 Mailing Address of Present Owner: 3123 S. 9th street  
 City of Present Owner: Sheboygan      State: WI      ZIP Code: 53082

Reason for Removal from Service: Sampling Complete      WI Unique Well # of Replacement Well: \_\_\_\_\_

**3. Filled & Sealed Well / Drillhole / Borehole Information**

Monitoring Well      Original Construction Date (mm/dd/yyyy): 03/30/2020  
 Water Well  
 Borehole / Drillhole      If a Well Construction Report is available, please attach.

Construction Type:  
 Drilled       Driven (Sandpoint)       Dug  
 Other (specify): Soil Probe

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 13      Casing Diameter (in.): 1

Lower Drillhole Diameter (in.): 2      Casing Depth (ft.): 13

Was well annular space grouted?       Yes       No       Unknown

If yes, to what depth (feet)?      Depth to Water (feet): 5

**5. Material Used to Fill Well / Drillhole**

Bentonite

**4. Pump, Liner, Screen, Casing & Sealing Material**

Pump and piping removed?       Yes       No       N/A  
 Liner(s) removed?       Yes       No       N/A  
 Liner(s) perforated?       Yes       No       N/A  
 Screen removed?       Yes       No       N/A  
 Casing left in place?       Yes       No       N/A  
 Was casing cut off below surface?       Yes       No       N/A  
 Did sealing material rise to surface?       Yes       No       N/A  
 Did material settle after 24 hours?       Yes       No       N/A  
 If yes, was hole retopped?       Yes       No       N/A  
 If bentonite chips were used, were they hydrated with water from a known safe source?       Yes       No       N/A

Required Method of Placing Sealing Material  
 Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:  
 Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>13</u>		

**6. Comments**

**7. Supervision of Work      DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: FEC, Inc.      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 12/8/23  
 Street or Route: 6635 N. Sidney Place      Telephone Number: (414) 928-9215  
 City: Milwaukee      State: WI      ZIP Code: 53209      Signature of Person Doing Work: Justin J. Ott      Date Signed: 12/8/23

**Notice:** Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

**Verification Only of Fill and Seal**

Route to DNR Bureau:

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

**1. Well Location Information**      **2. Facility / Owner Information**

County <b>Sheboygan</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>VPI Corporation</b>
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>460041560</b>
1/4 NE 1/4 SW or Gov't Lot #	Section <b>35</b>	Township <b>15 N</b>	Range <b>23</b>
Original Well Owner <b>VPI Corp.</b>	Present Well Owner <b>VPI Corp.</b>	Mailing Address of Present Owner <b>3123 S. 9th Street</b>	
Well Street Address <b>3123 S. 9th Street</b>	Well City, Village or Town <b>Sheboygan</b>	Well ZIP Code <b>53082</b>	City of Present Owner <b>Sheboygan</b>
Subdivision Name	Lot #	State <b>WI</b>	ZIP Code <b>53082</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason for Removal from Service <b>Sampling Complete</b>	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Original Construction Date (mm/dd/yyyy) <b>03/30/2000</b>	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>	Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>13</b>	Casing Diameter (in.) <b>1</b>	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.) <b>13</b>	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>4</b>	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

<b>5. Material Used to Fill Well / Drillhole</b> <b>Bentonite</b>	From (ft.) <b>Surface</b>	To (ft.) <b>13</b>	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>6. Comments</b>				

**7. Supervision of Work**      **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>12/02/23</b>	Date Received	Noted By
Street or Route <b>6635 N. Sidney Place</b>	Telephone Number <b>(414) 928-9215</b>	Comments		
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <i>Justin J. Ott</i>	Date Signed <b>12/8/23</b>

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**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Sheboygan</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>VPI Corporation</b>	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) <b>460041560</b>	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # <b>HA-1/mw-6</b>	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002			
_____ E		<input type="checkbox"/> OTH001					
1/4 1/4 <b>NE</b> 1/4 <b>SW</b>		Section <b>35</b>		Township <b>15 N</b>		Range <input checked="" type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>W</b>	
or Gov't Lot #							
Well Street Address <b>3123 S. 9th Street</b>				Present Well Owner <b>VPI Corp.</b>			
Well City, Village or Town <b>Sheboygan</b>				Well ZIP Code <b>53082</b>			
Subdivision Name				City of Present Owner <b>Sheboygan</b>		State <b>WI</b>	ZIP Code <b>53082</b>
Reason for Removal from Service <b>Sampling Complete</b>				WI Unique Well # of Replacement Well			

3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material				
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>04/02/2020</b>		Pump and piping removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction Type:				Screen removed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Casing left in place?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>				Was casing cut off below surface?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type:				Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		Did material settle after 24 hours?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>8</b>		Casing Diameter (in.) <b>1</b>		If yes, was hole retopped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.) <b>8</b>		If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Required Method of Placing Sealing Material		<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)?				Depth to Water (feet) <b>2</b>		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____

5. Material Used to Fill Well / Drillhole			
<b>Bentonite</b>		From (ft.) Surface	To (ft.) <b>8</b>
		No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>12/08/2023</b>	Date Received	Noted By
Street or Route <b>6635 N. Sidney Place</b>		Telephone Number <b>(414) 828-9815</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <i>Justin J. Ott</i>	Date Signed <b>12/8/23</b>	

**Notice:** Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:  
 Drinking Water     Watershed/Wastewater     Remediation/Redevelopment  
 Waste Management     Other: \_\_\_\_\_

1. Well Location Information			2. Facility / Owner Information		
County <b>Sheboygan</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>VPI Corporation</b>	Facility ID (FID or PWS) <b>460041560</b>	License/Permit/Monitoring # <b>P-17/MW-7</b>
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Original Well Owner <b>VPI Corp.</b>		
1/4 NE 1/4 SW or Gov't Lot #	Section <b>35</b>	Township <b>15 N</b>	Range <b>23</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>VPI Corp.</b>
Well Street Address <b>3123 S. 9th street</b>			Mailing Address of Present Owner <b>3123 S. 9th street</b>		
Well City, Village or Town <b>Sheboygan</b>		Well ZIP Code <b>53082</b>	City of Present Owner <b>Sheboygan</b>	State <b>WI</b>	ZIP Code <b>53082</b>
Subdivision Name			Lot #		

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <b>10/27/2020</b>	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>		Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Total Well Depth From Ground Surface (ft.) <b>13</b>	Casing Diameter (in.) <b>1</b>	Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.) <b>13</b>	Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
If yes, to what depth (feet)?		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Depth to Water (feet) <b>5</b>		Did material settle after 24 hours? If yes, was hole retopped?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
		If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		

5. Material Used to Fill Well / Drillhole	
Material <b>Bentonite</b>	From (ft.) To (ft.) No. Yards, Sacks Sealant or Volume (circle one) Mix Ratio or Mud Weight <b>Surface 13</b>

Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	

Sealing Materials	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	

For Monitoring Wells and Monitoring Well Boreholes Only:

<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

6. Comments	

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>12/08/2023</b>	Date Received	Noted By	
Street or Route <b>6635 N. Sidney Place</b>	Telephone Number <b>(414) 928-9215</b>	Comments			
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <b>Justin J. Ott</b>	Date Signed <b>12/8/23</b>	

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**Verification Only of Fill and Seal**

Route to DNR Bureau:

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Sheboygan</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>VPI Corporation</b>	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) <b>460041560</b>	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # <b>P-21/uw-B</b>	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		Original Well Owner <b>VPI Corp.</b>	
_____ W		<input type="checkbox"/> OTH001		Present Well Owner <b>VPI Corp.</b>		Mailing Address of Present Owner <b>3123 S. 9th Street</b>	
1/4 1/4 <b>NE</b>	1/4 <b>SW</b>	Section <b>35</b>	Township <b>15 N</b>	Range <b>23</b>	<input checked="" type="checkbox"/> E	City of Present Owner <b>Sheboygan</b> State <b>WI</b> ZIP Code <b>53082</b>	
or Gov't Lot #				<input type="checkbox"/> W			
Well Street Address <b>3123 S. 9th Street</b>				City of Present Owner <b>Sheboygan</b> State <b>WI</b> ZIP Code <b>53082</b>			
Well City, Village or Town <b>Sheboygan</b>				Well ZIP Code <b>53082</b>			
Subdivision Name				Lot #			

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
Reason for Removal from Service <b>Sampling Complete</b>		WI Unique Well # of Replacement Well	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>10/27/2020</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole		Construction Type:	
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		<input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>	
Formation Type:		<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>13</b>		Casing Diameter (in.) <b>1</b>	
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.) <b>13</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Required Method of Placing Sealing Material	
If yes, to what depth (feet)?		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Depth to Water (feet) <b>3</b>		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole			
<b>Bentonite</b>			
From (ft.) Surface	To (ft.) <b>13</b>	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight

6. Comments			

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/09/2022</b>	Date Received	Noted By
Street or Route <b>6635 N. Sidney Place</b>		Telephone Number <b>(414) 828-9815</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <i>Justin J. Ott</i>	Date Signed <b>6/10/22</b>



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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

**1. Well Location Information      2. Facility / Owner Information**

County <b>Sheboygan</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>VPI Corporation</b>			
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) <b>460041560</b>			
N _____ W _____		<input type="checkbox"/> DD <input type="checkbox"/> DDM		<input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		License/Permit/Monitoring # <b>P-22/mw-9</b>			
1/4 NE 1/4 SW		Section <b>35</b>		Township <b>15 N</b>		Range <b>23</b>		Original Well Owner <b>VPI Corp.</b>	
or Gov't Lot #								Present Well Owner <b>VPI Corp.</b>	
Well Street Address <b>3123 S. 9th Street</b>		Well ZIP Code <b>53082</b>		Mailing Address of Present Owner <b>3123 S. 9th Street</b>					
Well City, Village or Town <b>Sheboygan</b>		Subdivision Name		Lot #		City of Present Owner <b>Sheboygan</b>		State <b>WI</b>	
								ZIP Code <b>53082</b>	

**3. Filled & Sealed Well / Drillhole / Borehole Information      4. Pump, Liner, Screen, Casing & Sealing Material**

Reason for Removal from Service <b>Sampling Complete</b>		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>10/27/2020</b>		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>13</b>		Casing Diameter (in.) <b>1</b>		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.) <b>13</b>		Required Method of Placing Sealing Material	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Depth to Water (feet) <b>3</b>				Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

**5. Material Used to Fill Well / Drillhole**

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>Bentonite</b>	Surface	<b>13</b>		

**6. Comments**

**7. Supervision of Work      DNR Use Only**

Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/09/2022</b>		Date Received		Noted By	
Street or Route <b>6635 N. Sidney Place</b>		Telephone Number <b>(414) 228-9215</b>		Comments					
City <b>Milwaukee</b>		State <b>WI</b>		ZIP Code <b>53209</b>		Signature of Person Doing Work <i>Justin J. Ott</i>		Date Signed <b>6/10/22</b>	

**Notice:** Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Sheboygan</b>		WI Unique Well # of Removed Well	Hicap #	Facility Name <b>VPI Corporation</b>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>460041560</b>	
1/4 1/4 <b>NE</b> 1/4 <b>SW</b>	Section <b>35</b>	Township <b>15 N</b>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W <b>23</b>	License/Permit/Monitoring # <b>P-24/mw-10</b>	
Well Street Address <b>3123 S. 9th Street</b>		Well City, Village or Town <b>Sheboygan</b>		Well ZIP Code <b>53082</b>	
Subdivision Name		Lot #		City of Present Owner <b>Sheboygan</b>	
Reason for Removal from Service <b>Sampling Complete</b>		WI Unique Well # of Replacement Well		State <b>WI</b>	
Original Construction Date (mm/dd/yyyy) <b>10/27/2020</b>		If a Well Construction Report is available, please attach.		ZIP Code <b>53082</b>	

**3. Filled & Sealed Well / Drillhole / Borehole Information** **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>10/27/2020</b>	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>13</b>	Casing Diameter (in.) <b>1</b>	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.) <b>13</b>	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Required Method of Placing Sealing Material:	
If yes, to what depth (feet)?		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Depth to Water (feet) <b>5</b>		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
5. Material Used to Fill Well / Drillhole		Sealing Materials	
<b>Bentonite</b>		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<b>13</b>		
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
		<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole			
<b>Bentonite</b>	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)
	Surface	<b>13</b>	
6. Comments			

**7. Supervision of Work** **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/11/2021</b>	Date Received	Noted By
Street or Route <b>6635 N. Sidney Place</b>		Telephone Number <b>(414) 828-9215</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <i>Justin J. Ott</i>	Date Signed <b>5/11/21</b>	

**Notice:** Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

**Verification Only of Fill and Seal**

Route to DNR Bureau:

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Sheboygan</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>VPI Corporation</b>	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) <b>460041560</b>	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # <b>P-25/mw-11</b>	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002			
		<input type="checkbox"/> OTH001					
1/4 1/4 <b>NE</b> 1/4 <b>SW</b>		Section <b>35</b>		Township <b>15 N</b>		Range <input checked="" type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>W</b>	
or Gov't Lot #							
Well Street Address <b>3123 S. 9th Street</b>				Present Well Owner <b>VPI Corp.</b>			
Well City, Village or Town <b>Sheboygan</b>				Well ZIP Code <b>53082</b>			
Subdivision Name				City of Present Owner <b>Sheboygan</b>		State <b>WI</b>	
						ZIP Code <b>53082</b>	

Reason for Removal from Service <b>Sampling Complete</b>		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <b>10/27/2020</b>		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				Screen removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
				Casing left in place?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				Was casing cut off below surface?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
				Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				Required Method of Placing Sealing Material			
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
				Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

3. Filled & Sealed Well / Drillhole / Borehole Information			
Construction Type:		Formation Type:	
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
<input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>			
Total Well Depth From Ground Surface (ft.) <b>13</b>		Casing Diameter (in.) <b>1</b>	
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.) <b>13</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) <b>2</b>	
If yes, to what depth (feet)?			

5. Material Used to Fill Well / Drillhole			
<b>Bentonite</b>		From (ft.) Surface	To (ft.) <b>13</b>
		No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/09/2022</b>	Date Received	Noted By
Street or Route <b>6635 N. Sidney Place</b>		Telephone Number <b>(414) 828-9215</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <i>Justin J. Ott</i>	Date Signed <b>6/10/22</b>	

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Sheboygan</b>		WI Unique Well # of Removed Well	Hicap #	Facility Name <b>VPI Corporation</b>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>460041560</b>	
1/4 NE	1/4 SW	Section <b>35</b>	Township <b>15 N</b>	Range <b>23</b>	License/Permit/Monitoring # <b>P-26/MW-12</b>
or Gov't Lot #				<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner <b>VPI Corp.</b>
Well Street Address <b>3123 S. 9th Street</b>				Present Well Owner <b>VPI Corp.</b>	
Well City, Village or Town <b>Sheboygan</b>			Well ZIP Code <b>53082</b>		
Subdivision Name			Lot #		Mailing Address of Present Owner <b>3123 S. 9th Street</b>
					City of Present Owner <b>Sheboygan</b>
					State <b>WI</b>
					ZIP Code <b>53082</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information** **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason for Removal from Service <b>Sampling Complete</b>		WI Unique Well # of Replacement Well		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Original Construction Date (mm/dd/yyyy) <b>05/06/2021</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:		Required Method of Placing Sealing Material			
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type:		Sealing Materials			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) <b>13</b>		For Monitoring Wells and Monitoring Well Boreholes Only:			
Casing Diameter (in.) <b>1</b>		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.) <b>2</b>					
Casing Depth (ft.) <b>13</b>					
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)?		Depth to Water (feet) <b>3</b>			

**5. Material Used to Fill Well / Drillhole**

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>Bentonite</b>	Surface	<b>13</b>		

**6. Comments**

**7. Supervision of Work** **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/09/2022</b>	Date Received	Noted By
Street or Route <b>6635 N. Sidney Place</b>			Telephone Number <b>(414) 928-9215</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <i>Justin J. Ott</i>	Date Signed <b>6/10/22</b>	

**Notice:** Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other: \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County: Sheboygan WI Unique Well # of Removed Well: \_\_\_\_\_ Hicap #: \_\_\_\_\_

Facility Name: VPI Corporation

Latitude / Longitude (see instructions): \_\_\_\_\_ N \_\_\_\_\_ W  
Format Code:  DD  DDM  
Method Code:  GPS008  SCR002  OTH001

Facility ID (FID or PWS): 460041560  
License/Permit/Monitoring #: P-29/mw-13

1/4 NE 1/4 SW Section: 35 Township: 15 N Range: 23  E  W

Original Well Owner: VPI Corp.

Well Street Address: 3123 S. 9th Street

Present Well Owner: VPI Corp.

Well City, Village or Town: Sheboygan Well ZIP Code: 53082

Mailing Address of Present Owner: 3123 S. 9th Street

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

City of Present Owner: Sheboygan State: WI ZIP Code: 53082

Reason for Removal from Service: Sampling Complete WI Unique Well # of Replacement Well: \_\_\_\_\_

**3. Filled & Sealed Well / Drillhole / Borehole Information**

Monitoring Well  Water Well  Borehole / Drillhole  
Original Construction Date (mm/dd/yyyy): 05/06/2021  
If a Well Construction Report is available, please attach.

Construction Type:  
 Drilled  Driven (Sandpoint)  Dug  
 Other (specify): Soil Probe

Formation Type:  
 Unconsolidated Formation  Bedrock

Total Well Depth From Ground Surface (ft.): 13 Casing Diameter (in.): 1

Lower Drillhole Diameter (in.): 2 Casing Depth (ft.): 13

Was well annular space grouted?  Yes  No  Unknown

If yes, to what depth (feet)? \_\_\_\_\_ Depth to Water (feet): 4

**5. Material Used to Fill Well / Drillhole**

Bentonite

**4. Pump, Liner, Screen, Casing & Sealing Material**

Pump and piping removed?  Yes  No  N/A  
Liner(s) removed?  Yes  No  N/A  
Liner(s) perforated?  Yes  No  N/A  
Screen removed?  Yes  No  N/A  
Casing left in place?  Yes  No  N/A  
Was casing cut off below surface?  Yes  No  N/A  
Did sealing material rise to surface?  Yes  No  N/A  
Did material settle after 24 hours?  Yes  No  N/A  
If yes, was hole retopped?  Yes  No  N/A  
If bentonite chips were used, were they hydrated with water from a known safe source?  Yes  No  N/A

**Required Method of Placing Sealing Material**

Conductor Pipe-Gravity  Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)  Other (Explain): \_\_\_\_\_

**Sealing Materials**

Neat Cement Grout  Concrete  
 Sand-Cement (Concrete) Grout  Bentonite Chips

**For Monitoring Wells and Monitoring Well Boreholes Only:**

Bentonite Chips  Bentonite - Cement Grout  
 Granular Bentonite  Bentonite - Sand Slurry

**6. Comments**

**7. Supervision of Work** **DNR-Use Only**

Name of Person or Firm Doing Filling & Sealing <u>FEC, Inc.</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>12/08/2023</u>	Date Received	Noted By
Street or Route <u>6635 N. Sidney Place</u>		Telephone Number <u>(414) 828-9215</u>		Comments	
City <u>Milwaukee</u>	State <u>WI</u>	ZIP Code <u>53209</u>	Signature of Person Doing Work <u>Justin J. Ott</u>	Date Signed <u>12/8/23</u>	

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**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

**1. Well Location Information**      **2. Facility / Owner Information**

County <b>Sheboygan</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>VPI Corporation</b>
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>460041560</b>
1/4 / 1/4 <b>NE SW</b> or Gov't Lot #	Section <b>35</b>	Township <b>15 N</b>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W <b>23</b>
Well Street Address <b>3123 S. 9th Street</b>	Well ZIP Code <b>53082</b>	Original Well Owner <b>VPI Corp.</b>	Present Well Owner <b>VPI Corp.</b>
Subdivision Name	Lot #	Mailing Address of Present Owner <b>3123 S. 9th Street</b>	City of Present Owner <b>Sheboygan</b>
Reason for Removal from Service <b>Sampling Complete</b>	WI Unique Well # of Replacement Well	State <b>WI</b>	ZIP Code <b>53082</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>05/06/2021</b>	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): <b>Soil Probe</b>		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>13</b>	Casing Diameter (in.) <b>1</b>	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.) <b>13</b>	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet) <b>4</b>	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

<b>5. Material Used to Fill Well / Drillhole</b> <b>Bentonite</b>	From (ft.) Surface	To (ft.) <b>13</b>	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>FEC, Inc.</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>12/08/2023</b>	Date Received	Noted By
Street or Route <b>6635 N. Sidney Place</b>		Telephone Number <b>(414) 828-9215</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53209</b>	Signature of Person Doing Work <i>Justin J. Ott</i>	Date Signed <b>12/8/23</b>